

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L St., Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 https://nadc.nebraska.gov	STATEMENT OF FINANCIAL INTERESTS Calendar Year 2023 NADC FORM C-1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: small;">POSTMARK DATE</td> <td style="text-align: center;">email 3/1/24</td> </tr> <tr> <td style="height: 40px; vertical-align: middle; text-align: center; font-size: 2em;">S</td> <td></td> </tr> </table>	POSTMARK DATE	email 3/1/24	S	
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BEFORE COMPLETING READ FILING REQUIREMENTS						

- This statement must cover all financial interests for the entire "calendar year" as noted above and not just as of year-end.
- Candidates for designated offices and holders of designated offices and positions must file this statement with the Commission. See Sections 1A and 1B of the instructions.
- Candidates (including incumbents) subject to this filing requirement must file this statement in order to have their names appear on the ballot. (See Instructions)
- Designated officeholders and holders of designated positions must file this statement with the Commission annually.
- Dollar values need not be report for any item, except Item 11.
- Persons who fail to file as required are subject to a civil penalty of up to \$5,000.

ITEM 1	YOUR NAME, ADDRESS AND PHONE NUMBER
Name	<u>Muhs Caleb</u> LAST FIRST MIDDLE <u>caleb.muhs@protonmail.com</u> <u>Vern</u> MIDDLE Telephone No. <u>202-445-7419</u>
E-mail	<u>om</u>
Address	<u>18786 Redwood Street</u> STREET ADDRESS OR RURAL ROUTE <u>Omaha</u> <u>NE</u> <u>68136</u> CITY STATE ZIP CODE

ITEM 2	OCCASION FOR FILING (Check Appropriate Box)
	☒ A candidate for elective office ☐ Annual officeholder's or state employee's report ☐ Newly appointed to office or position

ITEM 3	OFFICE HELD & TERM OF OFFICE (Incumbent elected/appointed officials and state employees. See 1B of instructions)
	List the office or position you currently hold which requires this filing. Office or Position: _____ Term: _____ BEGINS ENDS Name of City, County, District, or State Agency: _____

ITEM 4	OFFICE SOUGHT (Candidates only. See 1A of instructions)
	List the office sought which requires this filing. Office: <u>State Legislature</u> Name of City, County, District, or State Office: <u>District 49</u>

ITEM 5	PERIOD COVERED BY THIS STATEMENT
	This statement must cover all financial interests for the entire "preceding calendar year" and not just as of year-end. This statement covers the preceding calendar year January 1 through December 31, <u>2023</u>

ITEM 6 SOURCES OF INCOME OF OVER \$1,000

Income includes money or any other form of recompense constituting income under the Internal Revenue Code. (See definitions)

Name and address of any source* (including an individual, business, body of government, political subdivision or body corporate) from which income of over \$1,000 was received

List the nature of the source's business and the nature of the services you rendered or the circumstances under which income was received. NOTE: Do not list the amount of the income.

Also include your Government position if you were paid more than \$1,000.1) National General Management Corp
5630 University Parkway, Winston-Salem, NC 271051a) Insurance Company
Pay was severance for years worked at company prior to my departure2) Peak6 Insurtech Holdings - Insurance Company, provided
consulting services
141 W Jackson Blvd, Suite 500, Chicago, IL 606042a) Insurance Holding Company
Worked as consultant for company3) _____

_____3a) _____

_____4) _____

_____4a) _____

*NOTE: IF INCOME RESULTED FROM EMPLOYMENT BY, OPERATION OF OR PARTICIPATION IN A PROPRIETORSHIP, PARTNERSHIP, CORPORATION OR OTHER PERSON, LIST THE SAME AS THE SOURCE OF INCOME, BUT NOT THE PATRONS, CUSTOMERS, PATIENTS, OR CLIENTS THEREOF.

ITEM 7 BUSINESSES WITH WHICH YOU ARE ASSOCIATED Including Non Profits (See definitions)

Name and address of all businesses, organizations, or associations (profit and non-profit) with which you held a position of officer, director, limited liability company member, partner, or stockholder and any entity in which you held a position of trustee. Such reporting is required based on the position held, not on whether income was received. You need not report business associations which are otherwise listed under Item 6.

Name and Address of Business or Organization.

Nature of Association

If you have nothing to report, write NONE1) TribalVision
2346 Post Road #200, Warwick, RI 02886

1a) Stockholder

2) Acela Capital LLC
10 Anderson Street, Suite B, Boston, MA 02114

2a) Stockholder

3) Real Vision Group SEZC
2nd Floor North Wing, Flagship Building
Harbour Drive, KY1-1003 Cayman Islands

3a) Stockholder

4) Osisko Development Corp
1100, av des Canadiens-de-Montreal, Suite 300, P.O. Box 211
Montreal, QC H3B 2S2

4a) Stockholder

5) Carbon Streaming Corp
2321 Fairview Street, Suite 206
Burlington, Ontario Canada L7R 2E3

5a) Stockholder

6) _____

_____6a) _____

_____7) _____

_____7a) _____

ITEM 8	REAL PROPERTY OF THE FILER IN NEBRASKA (Real property valued at less than \$1,000 and your personal residence need not be reported.)	
List all real property in Nebraska in your name or in which you have a direct ownership interest. The description required must be sufficient to identify the location of the property. Exceptions: You need not report real property owned by a business listed in Item 6 or 7, your personal residence or real property valued at less than \$1,000. Personal residence refers to your principal dwelling house and adjacent land used for house-hold purposes, such as lawns and gardens.		
Location of Property (Description or Address)		Nature of Property (such as: agricultural, commercial, industrial, residential-rental)
If you have nothing to report, write NONE		
21435 Hampton Drive, Gretna, NE		Residential home for my parents, partial ownership
ITEM 9	OTHER FINANCIAL INTERESTS AND PROPERTY HELD DURING THE PERIOD OF THIS STATEMENT WHICH EXCEEDED A FAIR MARKET VALUE OF \$1,000 AT ANY TIME DURING THE REPORTING PERIOD	
(a) List the names and addresses of the institutions in which you had checking and savings accounts and certificates of deposit.		
Financial Institution		Address
If you have nothing to report, write NONE		
Cobal Credit Union Ally Bank Chase Bank		7148 Towne Center Parkway, Papillion NE 68046 Detroit Center 500 Woodward Ave, Detroit, MI 48226 383 Madison Ave, New York, NY
(b) List the names of the issuers of all stocks, bonds, and government securities, not otherwise listed under Items 6 or 7.		
If you have nothing to report, write NONE		
See attached list.		
(c) Describe other property owned or held for the production of income not otherwise disclosed in Items 6, 7, 8 or 9(a)(b). Include leaseholds and other interests in real estate, promissory notes and other obligations owed to you, beneficial interests in trusts and estates, cash value life insurance, IRAs, deferred income and retirement plans. Exception: Do not include accounts receivable, inventory, fixtures and equipment owned or used by a business listed in Items 6 & 7 or household goods, personal automobiles and other tangible personal property unless such property was held primarily for sale or exchange.		
If you have nothing to report, write NONE		
See attached list.		

ITEM 10	CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.		
Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need not be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need not be reported.			
Name		Address	
If you have nothing to report, write NONE			
None			

ITEM 11	SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE		
Name and address of Donor	Occupation or nature of business of Donor	Value of Gift (See Key Below)	Description of Gift and Circumstances or Occasion for Gift
If you have nothing to report, write NONE			
None		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	
		Choose Value:	

The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:
A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more.

ITEM 12	SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)
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ITEM 13	SIGNATURE OF FILER AND DATE
I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.	
 (Signature of Filer)	2/29/24 (Date)

Criminal Penalties: Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.

Broker Account Holdings

Agnico Eagle Mines - AEM
Alamos Gold - AGI
Barrick Gold - GOLD
Bonterra Resources - BONXF
Coppernico Metals - CPPMF
Dakota Gold - DC
Equinox Gold Corp - EQX
Franco-Nevada Corp - FNV
Fury Gold Mines Ltd - FURY
Gold Royalty Corp - GROY
Newmont Corp - NEM
Orla Mng Ltd - ORLA
Pan American Silver - PAAS
Purecycle Technologies - PCT
Tier One Silver - TSLVF
iShares 0-3 month - SGOV
iShares Floating Rate - TFLO
SPDR 1-3 month - BIL
SPDR Gold - GLD
Treasury 3 month bill - TBIL

401K Account

Palantir Technologies - PLTR
Purecycle Technologies - PCT
Wesdome Gold - WDOFF
Cambria Trinity ETF - TRTY
SPDR 1-3 Month - BIL
SPDR Gold - GLD